

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		5/17/99
O.I.P.E. CLASSIFIER		49	5/20/99
FORMALITY REVIEW	<i>[Signature]</i>	67479	5-26-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	5-1-92
2	5-7-92
3	4-16-93
4	11-2-93
5	6-1-94
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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